

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		PU040288
First Named Inventor		Steven Porter Hotelling et al
COMPLETE IF KNOWN		
Application Number		/
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARASITIC QUADRATURE ERROR CORRECTION

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **March 11, 2005** as United States Application Number or PCT International

Application Number **PCT/US05/08372** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
US 60/552,652	March 12, 2004	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box: → +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	24498	OR	<input checked="" type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	317-587-4019	Fax	(609) 734 - 6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	STEVEN PORTER	Family Name HOTELLING or Surname			
Inventor's Signature					Date
Residence: City	San Jose	State	California	Country	US
Citizenship US					
Mailing Address					
Mailing Address 1351 Hidden Mine Road					
City	San Jose	State	California	ZIP	Country
				95120	US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	LEX	Family Name BAYER or Surname			
Inventor's Signature					Date
Residence: City	Menlo Park	State	California	Country	ZA
Citizenship US					
Mailing Address					
Mailing Address 691 Roble Avenue, #4					
City	Menlo Park	State	California	ZIP	Country
				94306	US
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

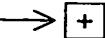
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
BRIAN R. <i>Brian R. Leonard</i>		LAND			
Residence: City	Redwood City	State	California	Country	US
				Citizenship US	
Mailing Address					
Mailing Address 2726 Sussex Way					
City Redwood City	State	California	ZIP 94061	US Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		PU040288
First Named Inventor		Steven Porter Hotelling et al
COMPLETE IF KNOWN		
Application Number		/
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARASITIC QUADRATURE ERROR CORRECTION

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **March 11, 2005** as United States Application Number or PCT International

Application Number **PCT/US05/08372** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
US 60/552,652	March 12, 2004	

[Page 1 of 2]

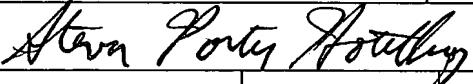
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	24498	OR	<input checked="" type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City PRINCETON			State NJ	ZIP 08543-5312	
Country USA	Telephone 317-587-4019		Fax (609) 734 - 6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name STEVEN PORTER			Family Name HOTELLING or Surname		
Inventor's Signature				Date 4/13/05	
Residence: City San Jose	State California	Country US	Citizenship US		
Mailing Address					
Mailing Address 1351 Hidden Mine Road					
City San Jose	State California	ZIP 95120	Country US		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name LEX			Family Name BAYER or Surname		
Inventor's Signature				Date	
Residence: City Menlo Park	State California	Country US	Citizenship ZA		
Mailing Address					
Mailing Address 691 Roble Avenue, #4					
City Menlo Park	State California	ZIP 94306	Country US		
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
BRIAN R.		LAND			
Inventor's Signature		Date			
Residence: City	Redwood City	State	California	Country	US
Citizenship	US				
Mailing Address					
Mailing Address 2726 Sussex Way					
City Redwood City	State	California	ZIP 94061	Country	US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU040288
First Named Inventor	Steven Porter Hotelling et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARASITIC QUADRATURE ERROR CORRECTION

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **March 11, 2005** as United States Application Number or PCT International

Application Number **PCT/US05/08372** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	
US 60/552,652	March 12, 2004	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type or sign (+) inside this box → +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number 24498 OR Correspondence address below

Name	JOSEPH S. TRIPOLI		
Address	THOMSON LICENSING INC.		
Address	PO Box 5312		
City PRINCETON	State NJ	ZIP 08543-5312	
Country USA	Telephone 317-587-4019	Fax (609) 734 - 6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name STEVEN PORTER	Family Name HOTELLING or Surname
-----------------------------	-------------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City San Jose	State California	Country US	Citizenship US
-----------------------------	---------------------	---------------	-------------------

Mailing Address

Mailing Address 1351 Hidden Mine Road	City San Jose	State California	ZIP 95120	Country US
--	------------------	---------------------	--------------	---------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name LEX	Family Name BAYER or Surname
-------------------	---------------------------------

Inventor's Signature <i>J.B. Bayer</i>	Date 04/21/05
---	------------------

Residence: City Palo Alto Menlo Park	State California	Country US	Citizenship ZA
--	---------------------	---------------	-------------------

Mailing Address 691 Roble Avenue, #4	City Palo Alto Menlo Park	State California	ZIP 94306	Country US
---	---------------------------------	---------------------	--------------	---------------

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
BRIAN R.		LAND			
Inventor's Signature		Date			
Residence: City	Redwood City	State	California	Country	US
Citizenship	US				
Mailing Address					
Mailing Address 2726 Sussex Way					
City Redwood City	State	California	ZIP 94061	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature		Date			
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	STEVEN PORTER HOTELING, ET AL.
Title	ERROR CORRECTION FOR VIBRATORY RATE GYROSCOPE
Art Unit	
Examiner Name	
Attorney Docket Number	PU040288

I hereby appoint:

 Practitioners at Customer Number**Customer Number 24498**

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

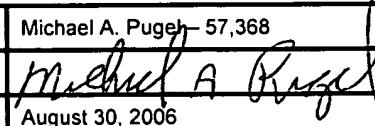
<input checked="" type="checkbox"/> Firm or Individual Name	Joseph J. Laks, THOMSON LICENSING INC.			
Address	PATENT OPERATIONS			
Address	P. O. BOX 5312			
City	PRINCETON	State	NJ	ZIP
Country	USA			
Telephone	609-734-6819	Fax	609-734-6888	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael A. Pugeh - 57,368		
Signature			
Date	August 30, 2006	Telephone	317-587-4027

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

POWER OF ATTORNEY
THOMSON LICENSING

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

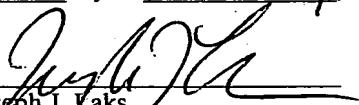
does hereby grant

Harvey D. Fried - Sr. Patent Counsel/Manager
Ronald H. Kurdyla - Sr. Patent Counsel/Manager
Robert D. Shedd - Sr. Patent Counsel/Manager
Robert B. Levy - Sr. Patent Counsel/Manager
Frank Y. Liao - Sr. Patent Counsel/Manager
Reitseng Lin - Sr. Patent Counsel
Christine Johnson - Sr. Patent Counsel
Guy H. Eriksen - Sr. Patent Counsel
Catherine A. Ferguson - Sr. Patent Counsel
Joseph J. Kolodka - Sr. Patent Counsel
Kuniyuki Akiyama - Sr. Patent Counsel
Paul P. Kiel - Sr. Patent Counsel
Jeffrey M. Navon - Sr. Patent Counsel
Joel M. Fogelson - Sr. Patent Counsel
Joseph J. Opalach - Sr. Patent Counsel
Sammy S. Henig - Sr. Patent Counsel
Patricia A. Verlangieri - Sr. Patent Counsel
Brian J. Dorini, Sr. Patent Counsel
Jorge Tony Villabon - Patent Counsel
Vincent E. Duffy - Patent Counsel
Richard LaPeruta - Patent Counsel
Francis A. Davenport - Sr. Patent Agent
William A. Lagoni - Patent Agent
Brian J. Cromarty - Patent Agent
Ronald Kolczynski - Member Patent Staff
Michael A. Pugel - Patent Agent
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 27th day of February, 2006.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS



POWER OF ATTORNEY
THOMSON LICENSING

We,

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph J. Laks
Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this 14th day of February, in the year 2006.

Signature:

Typed Name As Signed:

Title:

Béatrix de Russé
Authorized Representative,
Vice-President Intellectual Property & Licensing

THOMSON LICENSING